

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09781276

FILING DATE

02-17-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5	1		1				55						
6		1		1			56						
7		1		1			57						
8		2		2			58						
9	1		1				59						
10		1		1			60						
11		1		1			61						
12		2		2			62						
13			1				63						
14				1			64						
15				1			65						
16				1			66						
17			1				67						
18				1			68						
19				1			69						
20				2			70						
21			1				71						
22				1			72						
23				1			73						
24				2			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		6				TOTAL IND.						
TOTAL DEP.	11		22				TOTAL DEP.						
TOTAL CLAIMS	14		28				TOTAL CLAIMS						